



Specialty Independent Review Organization

**Date notice sent to all parties:** 4/3/2016

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

The item in dispute is the prospective medical necessity of individual psychotherapy 6 sessions over 8 weeks.

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

The reviewer is a Medical Doctor who is board certified in Psychiatrist.

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☐ Upheld (Agree)
- ☒ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of individual psychotherapy 6 sessions over 8 weeks.

A copy of the ODG was not provided by the Carrier or URA for this review.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who sustained an injury to his (L) knee on XX/XX/XX resulting in malleolar fracture that was treated surgically by his orthopedician.

Since then he has developed chronic persistent physical pain complicated by emotional distress – Chronic Adjustment disorder with mixed emotional features.

His mental healthcare team is requesting 6 individual psychotherapy sessions spanning over 6-8 weeks to address his mood disorder (depression and anxiety) resulting from this physical trauma/fracture/surgery.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The initial diagnosis was adjustment disorder with mixed emotional features, BDI Score of XX/XX/XX was 28 (severe depression) and BAI score was 21 (moderate anxiety) – both represented decrease in symptomatology from original scorings (by 6 points in depression measure and by 23 point decrease in anxiety measure). Most recent evaluation & re-measurement suggests rebounding of clinical depression (and BDI score going up to 48) and clinical anxiety (and BAI score also increasing to 52) along with emergence of social avoidance behavior.

There is clear worsening of depression and anxiety and hence the patient will need additional mental health care. His current clinical picture may meet DSM-5 diagnostic criteria for MDD –rec, severe without psychosis or suicidal ideas/intents./plans. Therefore, the request is medically necessary.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☒ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
  - 1)Criteria for Short-Term Treatment of Acute Psychiatric Illness – a publication of American Academy of Child & Adolescent Psychiatry [AACAP] and American Psychiatric Association[APA].
  - 2)Practice Guidelines for Treatment of Common Psychiatric Illness : an APA publication
  - 3)D S M 5 by APA : an APA publication
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**